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FACSIMILE TRANSMISSION COVER SHEET

Date: March 9, 2009

To: United States Patent and Trademark Office
Examiner: Nguyen, Joseph H.; Art Unit: 2815

Fax: (571) 273-8300

Re: **Application Serial No.: 10/643,461**
Filing Date: 8/18/2003; First-Named Inventor: Xiang
Attorney Docket No.: 0180144

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated December 9, 2008.

Thank you.

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Attorney Docket No.: 0180144

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Xiang, et al.

SERIAL NO.: 10/643,461 FILED: 08/18/2003

FOR: Field Effect Transistor Having Increased Carrier Mobility

HONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

| <input type="checkbox"/> EXTENSION FEE | RATE Non-Small Entity | RATE Small-Entity | FEE |
|--|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 130.00 | 65.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 490.00 | 245.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,110.00 | 555.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,730.00 | 865.00 | \$ |

TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | | MINUS ** | * = 0 | x 52 | x 26 | \$ |
| INDEPENDENT | | MINUS *** | * = 0 | x 220 | x 110 | \$ |
| First presentation of multiple dependent claim | | | | + 390 | + 195 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180144

- Total fee for Supplemental Information Disclosure Statement \$
- Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- Please charge Deposit Account No. 50-0731 in the amount of \$
- The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

3/9/09
PAGE 3/3 * RCVD AT 3/9/2009 12:11:07 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-4/13 * DNIS:2738300 * CSID:949 282 1002 * DURATION (mm:ss):06-08

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